Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State:		UTAH
Citation 1902(a)(52 and 1925 of the Act	•	Services 6-month Section	s Receiving Extended Medicaid Benefits s provided to families during the first period of extended Medicaid benefits under 1925 of the Act are equal in amount, n, and scope to services provided to
		ATTACHME through	cally needy AFDC recipients as described in ENT 3.1-A (or may be greater if provided a caretaker relative employer's health ce plan).
	(b)	6-month	provided to families during the second period of extended Medicaid benefits under 1925 of the Act are
		se re ma	qual in amount, duration, and scope to ervices provided to categorically needy AFDC ecipients as described in <u>ATTACHMENT 3.1-A</u> (or by be greater if provided through a caretaker elative employer's health insurance plan).
		se re th in	qual in amount, duration, and scope to ervices provided to categorically needy AFDC ecipients, (or may be greater if provided arough a caretaker relative employer's health asurance plan) minus any one or more of the ollowing acute services:
		∠̄/	Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
			Medical or remedial care provided by licensed practitioners.
		∠7	Home health services.
TN No. 9	Approval	Date	1391 Effective Date 10/191
ти ио	7-12		HCFA ID: 7982E

Revision:	HCFA-PM-91- 4 AUGUST 1991 State:	(BPD)	OMB No.: 0938-
<u>Citation</u>	3.5	Families (Continu	s Receiving Extended Medicaid Benefits
			Private duty nursing services.
			Physical therapy and related services.
			Other diagnostic, screening, preventive, and rehabilitation services.
		<i>_</i>	Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
		\Box	Intermediate care facility services for the mentally retarded.
		<u> </u>	Inpatient psychiatric services for individuals under age 21.
		<u></u>	Hospice services.
			Respiratory care services.
		_7	Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 91-20
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Revision:	HCFA-PM-91- 4 AUGUST 1991 State:	(BPD)	OMB No.: 0938-
Citation	3.5 <u>Fam</u> (Co	ilies Rentinued	eceiving Extended Medicaid Benefits
	(c) <u>/</u> /	fees for h	agency pays the family's premiums, enrollment, deductibles, coinsurance, and similar costs nealth plans offered by the caretaker's over as payments for medical assistance
			1st 6 months / 2nd 6 months
	\Box	emplo	agency requires caretakers to enroll in byers' health plans as a condition of bility.
			1st 6 mos. // 2nd 6 mos.
	(d) <i>_</i> /	fa ex	ne Medicaid agency provides assistance to milles during the second 6-month period of stended Medicaid benefits through the ollowing alternative methods:
		_7	Enrollment in the family option of an employer's health plan.
		_7	Enrollment in the family option of a State employee health plan.
			Enrollment in the State health plan for the uninsured.
:		<i></i> 7	Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).

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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No.:	0938-
	State: _		UTAH		
Citation	3.5 <u>F</u>	amilies Receiving Extended Medicaid Benefits Continued) Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s)			
		offere	d, including requirements have access to me	ments for ass	uring that
	(2)	The ag	ency		
		(i)	Pays all premiums and on the family for suc	i enrollment ch plan(s).	fees imposed
		(ii)	Pays all deductibles the family for such p	and coinsura	nce imposed of
			4		

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